PIOISUI05(08-03)

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PAT	ENT APPL	,,,,,,,	ON FEE DET	CHRIMAN	ON RECOF	of enformation us	Applie	plays a valid Olice cation for Ducket p	control number	
Substitute for Form PTO-875								11/8/6062		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SHALL ENTITY							ort	OF OTHER THAN SMALL ENTITY		
FOR .	NUMBER EXTRA				RATE	FEE	7		1	
BASIC FEE (37 CFR 1.16(a))					1.	- ree	4	BATE	FEE	
TOTAL CLAIMS Q7 CFR 1.16(d)			20 -	<u>-</u>	1	·	·OR	<del> </del>		
INDEPENDENT CLAIM (37 CFR 1.16(b))	(S		<del></del>	<del>· · · · ·</del>	X1	-	OR	X1=	-	
		minus	3:   .	•	<u>  *                               </u>	-	··OR	X 5=		
MULTIPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(d))							OR	.+5. =		
* If the difference in $\infty$	TOTAL		OR	TOTAL						
8-15 0G	AIMS AS AN	ENDE(	O - PART II							
<u>1</u> 20 1/10	(Column 1)	<del></del>	(Column 2)	(Column 3)	SMAL	L ENTITY	OR		R THAN ENTITY	
LN.	REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI: TIONAL	
Total Coronality Coron	22	Minus	23	-	X 5		OR	K'S =	FEE	
(3) CLU 1'HOB	3	Alinus	3		K 5		OR	X 5 =	-+	
FIRST PRESENTA	TION OF MULTIPL	E DEPENC	ENT CLAIM (37 CF	R 1.16(d))	,, ,					
Mula	10		*		TOTAL ADO'L FEE	<del> </del>	OR OR	YOYAL AOO'L FEE		
19/11/10	(Column 1)		(Column 2)	(Column 3)		-		AUCTEE (	<del>'</del>	
2	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total (37 of R 1,14cg)  Independent (37 of R 1,14cg)	19	Minus	PAID FOR		01	FEE			FEE	
Z Independent ·	=	Minus	2	-	×.25.		OR	x , 60,	11-5	
			ل_ك	_	x 5 [UQ]		OR	* 300°	400	
SHIST PRESCRIPTION OF MULTIPLE DEPCHDENT CLARE (3) CFE (1964)					.180.		Os	.360.		
					TOTAL ADO'L FEE		OR	AOO'L FEE	400	
<del></del>	(Cotumn't)		(Column 2)	(Caturno 3)						
_ 1	CLAMS REMAINING AFTER MENDMENT		·· HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TRONAL		RATE	ADDI- TIONAL	
Total (3) CFA 1.44(d) Independent (3) CFA 1.44(e)		Minus	-	-	X1 =	Fet	ł	<del></del> -	FEE	
(3) CFR (16(b))		Minus	111.	-		<del> </del>	OR .	* 5 · · ·		
FIRST PHESENTAL	ON OF MULTIPLE	DEPENDE	INT COUM 137 CFR	1 1640))	X1	<del> </del>	OR	× 3=	·	
	•				TOTAL ADD'L FEE		OH.	TOTAL ADD'L FEE	<del> </del>	
" If the "Highest Nur" " If the "Highest Nur " If the "Highest Num The "Highest Num	moci Previously	Paid For Paid For	IN THIS SPACE IS IN THIS SPACE IS			,				

The 'Highest Number Previously Paid For' (Total or Independ) is the Independent of the appropriate box in column 1.
This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U S C 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gallicing preparing and submitting the completed application form to the USPTO Time with vary depending whom the including case. Any comments on the amount of hime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tradeharh, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.